

**RYAN WHITE PROGRAM  
LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM (LPAP) FORMULARY  
CONSUMABLE MEDICAL SUPPLIES LIST (WITH PRICES)  
(for use in administering allowable prescribed medications)**

**Updates Effective 3/1/2021 (see highlighted info below)**

<b>*Equipment/Supply Code</b>	<b>*Description of Equipment/Supply</b>	<b>Brand Name and/or Additional Specifications</b>	<b>Item Cost</b>
*A4206	Syringe with needle, sterile 1cc or less, each (max 120 units per month)		\$0.29 each
*A4207	Syringe with needle, sterile 2cc, each (max 60 units per month)		\$0.29 each
*A4208	Syringe with needle, sterile 3cc, each (max 60 units per month)		\$0.29 each
*A4215	Needle, sterile any size, each (max 100 units per month)		\$0.19 each
**A4217	Sterile water / saline, per 500 ml		** per 500 ml
*A4253	Blood glucose test or reagent strips for home blood glucose monitor; per 50 strips (max 4 boxes of 50 strips per month)		\$29.55 per 50 strips
*A4259	Lancets, per box of 100 (max 2 boxes of 100 per month)		\$9.70 per box of 100

**\* Florida Medicaid Durable Medical Equipment (DME) Reimbursement Rates (Revised January 1, 2021)**

**\*\* HCPCS Code A4217 has NO corresponding Florida Medicaid or Medicare rate for adults in 2021. Therefore, this item will be treated as a supplemental procedure. Subrecipients may submit a request to Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program for a flat fee reimbursement rate**

**(\*NOTE: PLEASE SEE THE MOST CURRENT MIAMI-DADE COUNTY RYAN WHITE PROGRAM SERVICE DELIVERY GUIDELINES FOR PROGRAM RELATED RESTRICTIONS. THIS PRICE LIST MUST ONLY INCLUDE CONSUMABLE MEDICAL SUPPLIES THAT ARE REQUIRED TO ADMINISTER PRESCRIBED MEDICATIONS.)**